

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

*CERTIFICATE OF COMPLIANCE*

LABORATORY NAME AND ADDRESS

JACKSON BRANCH LAB TN DEPT OF HEALTH  
295 SUMMAR AVE  
JACKSON, TN 38301

LABORATORY DIRECTOR

MICHAEL W KIMBERLY DRPH

CLIA ID NUMBER

44D0659397

EFFECTIVE DATE

03/05/2005

EXPIRATION DATE

03/04/2007

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations